

**North Carolina Department of Health and Human Services  
North Carolina Immunization Branch  
Corporate Office Contact Information**

Please complete the contact information below and submit by email/fax to your appropriate Account Executive listed below:

<b>Independent (Mutual) Pharmacies, Carlie C's, Josef's, Mast, Drugs America and Health Care Center</b>	Account Executive: <b>Nikki Barbour</b> Fax: (919) 870-4823 Email: <a href="mailto:Nikki.Barbour@dhhs.nc.gov">Nikki.Barbour@dhhs.nc.gov</a> Phone: (919) 707-5595
<b>Independent (Non-Mutual) Pharmacies</b>	Account Executive: <b>Hope Watson</b> Fax: (919) 870-4823 Email: <a href="mailto:Hope.Watson@dhhs.nc.gov">Hope.Watson@dhhs.nc.gov</a> Phone: (919) 707-5557
<b>Costco, Farm Fresh (Supervalu), Food Lion, Ingles, Kerr Drug, Kmart, Kroger, Sam's Club, BI-LO and CVS pharmacies.</b>	Account Executive: <b>Brittney Wooten</b> Fax: (919) 870-4823 Email: <a href="mailto:Brittney.Wooten@dhhs.nc.gov">Brittney.Wooten@dhhs.nc.gov</a> Phone: (919) 707-5116
<b>Rite-Aid and Harris Teeter Pharmacies</b>	Account Executive: <b>Kathryn Carney</b> Fax: (919) 707-4823 Email: <a href="mailto:Kathryn.Carney@dhhs.nc.gov">Kathryn.Carney@dhhs.nc.gov</a> Phone: (919) 707-5597
<b>Walgreens and Target Pharmacies</b>	Account Executive: <b>Nikita Spears</b> Fax: (919) 870-4823 Email: <a href="mailto:Nikita.Spears@dhhs.nc.gov">Nikita.Spears@dhhs.nc.gov</a> Phone: (919) 707-5569

If you do not see your store listed above, please contact **Nikita Spears** for additional information.

1. Name of Chain/ Independent Pharmacy:
2. Corporate Office Street Address:
3. City & Zip:
4. Corporate Contact Name:
5. Phone Number:
6. Fax:
7. Email Address:

**North Carolina Department of Health and Human Services  
North Carolina Immunization Branch  
NORTH CAROLINA IMMUNIZATION REGISTRY ONLY PHARMACY AGREEMENT (2013/14-NCIR)**

The purpose of this agreement is to authorize [NAME OF PHARMACY] to utilize access to the secure, internet-based, North Carolina Immunization Registry (NCIR) for record keeping and vaccine reporting. The conditions of the agreement listed below are effective through October 1, 2014.

With respect to the North Carolina Immunization Registry (NCIR), the Pharmacy Representative signing this agreement shall:

1. Ensure the North Carolina Immunization Branch is provided with an active, up-to-date business internet e-mail address for contact purposes.
2. Designate trainer(s) to complete the training provided by the North Carolina Immunization Branch for participation in the North Carolina Immunization Registry (NCIR).
3. Require all users accessing NCIR under your authority to sign a *NCIR User Confidentiality Agreement* and retain on site for 3 years.
4. Insofar as possible, assure that all patient/client names and demographic information entered into the NCIR reflect the patient's true, legally-documented, \*complete name\* (e.g. government issued id, driver's license, social security), gender, race, and current address.
5. Completely and accurately document, for each patient served within your facility: historical immunization information from a valid certificate of immunization, if available; immunization information for vaccine administration by pharmacy/agency staff.
6. Ensure your facility has a contingency plan in place for use during periods of internal internet disruption and/or NCIR outages (e.g. new client form) which can be found on our website.  
<http://www.immunize.nc.gov/providers/ncirmaterialsforms.htm>
7. Provide vaccines on time and simultaneously, as recommended and scheduled by the Advisory Committee on Immunization Practices (ACIP) unless a valid contradiction exists.
8. For each dose of vaccine administered, provide a written copy of the relevant current Vaccine Information Statement (VIS) to the patient, or to the responsible adult accompanying and child whom the provider intends to vaccinate. Supplement the VIS with visual or oral explanations as needed.
9. Assume responsibility for the staff who administer and report vaccine usage. Ensure all current and new staff are fully trained in vaccine administration, and use of the North Carolina Immunization Registry (NCIR). Provide documentation (i.e. log sheet) of training participants and dates upon request of the North Carolina Immunization Branch .
10. Select and administer vaccines in accordance to House Bill 832\*section § 90-85.15B Immunizing pharmacists.
11. Except for influenza vaccines administered under G.S. 90-85.15B (b) (6), access the North Carolina Immunization Registry prior to administering the vaccine or immunization and record any vaccine or immunization administered to the patient in the registry within 72 hours after the administration. In the event the registry is not operable, an immunizing pharmacist shall report as soon as reasonably possible. Document one hundred percent (100%) of all immunization information within 72 hours of administration.
12. Record the following in NCIR for each dose as required for an official certificate of immunization: (a) patient name and date of birth (b.) date of administration, (c.) name and address of the pharmacy, pharmacy store number, name of immunizing pharmacist, and title of the provider who administered the vaccine. (d.) Vaccine type and or trade name of vaccine given.
13. Assume responsibility for all NCIR users. Ensure all current and new pharmacy staff receives initial NCIR training and ongoing training annually. Agree to not share NCIR user ID and/or passwords with any other individual either internal or external of their agency, and protect the confidentiality and integrity of the information contained in the NCIR.
14. Report all required adverse events as they occur through the Vaccine Adverse Events Reporting System (VAERS) either electronically, by fax or mail. For a complete list of required reportable events go to:  
<http://www.vaers.hhs.gov/reportable.htm>.
15. Pharmacy's acknowledges and agrees that all medical treatment and diagnostic decisions are the responsibility of the pharmacy's professional healthcare providers. Pharmacy's further acknowledges and agrees that: (a.) The NCIR does not make medical decisions and is not a substitute for competent, properly trained, and knowledgeable staff who bring professional judgment and analysis to the information presented by the registry (b.) Pharmacist responsible for verifying the accuracy of all patient information and determining the data necessary for Pharmacist users to make medical decisions, as well as for complying with all laws, regulations, and licensing requirements applicable to Pharmacist delivery of healthcare services. (c.) Pharmacist responsible for establishing and maintaining reasonable quality control procedures to ensure the accuracy of input to the North Carolina Immunization Registry (NCIR).

The North Carolina Immunization Branch or the immunizing pharmacy may terminate this agreement at any time for personal reasons or failure to comply with the conditions 1 through 15. The provider is required to comply with any additional NCIR requirements as the NCIP or CDC may from time to time impose.

I understand the terms of this agreement and agree to comply with this agreement and the rules promulgated by the State of North Carolina.

\_\_\_\_\_  
Business Internet E-mail Address

\_\_\_\_\_  
Federal Tax ID Number for the Facility

\_\_\_\_\_  
Signature

**(DO NOT USE A STAMP)**

\_\_\_\_\_  
Printed Name

**(PRINT or STAMP)**

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

*DHHS 3451 (Revised 09/2013) Immunization*

## **INSTRUCTIONS**

### **PURPOSE:**

This document constitutes a legal agreement under which the North Carolina Immunization Branch may provide access to the secure internet-based North Carolina Immunization Registry (NCIR) for an organization to obtain immunization information.

### **PREPARATION:**

1. Prepare an original and a copy.
2. Print or type the organization's name.
3. This signature must be of a representative at the cooperate level who will assume responsibility over all immunizing pharmacists within their identified chain /independent pharmacy across the state of North Carolina.
4. The responsible person's signature must be an original; a stamp is not acceptable.
5. The agreement shall be available for review by Immunization Branch personnel.

### **DISTRIBUTION:**

1. Fax to: Immunization Branch  
Fax: (919) 870-4823
2. Retain a copy for your records.

### **DISPOSITION:**

Completed (signed and dated) form must be retained until participation in the NCIR ends and for ten years following the end of the calendar year in which the agreement is terminated. If a notice of a claim or lawsuit has been made, this agreement(s) should be retained until after final disposition of the claim or litigation (including appeals).

### **SUPPORTING DOCUMENTS:**

NC Immunization Law: <http://immunize.nc.gov/PDFs/NC%20Immunization%20Laws%20&%20Rules%202-2010.pdf>

Recommendations of the Advisory Committee on Immunization Practices:

<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

VIS Statements: <http://www.immunize.nc.gov/providers/viss.htm>

Vaccine-Preventable Disease (VPD) Reporting Requirements:

<http://www.immunize.nc.gov/providers/vpdreporting.htm>

Vaccine Adverse Events Reporting System (VAERS): <http://vaers.hhs.gov/esub/index>